No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35350

Registration District No. 237 Primary Registration District No. 4353. Registrar's No. 38

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Gideon City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Gideon Mo. 072
(If outside city or town limits, write "RURAL") 1
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM ARLADER BROWN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) - 8 (Day) - 1943 (Year)

8. AGE: Years | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Gideon Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Baby.

11. Industry or business —

MOTHER FATHER
12. Name James Brown
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Vandy Jones
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant James Brown
(b) Address Gideon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lapland

18. (a) Signature of funeral director Lapland Funeral Home
(b) Address Campbell Mo.

19. (a) Oct. 20-43 (Date received local registrar) (b) Zuda Macom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1943 hour 8:30 AM minute M.

21. I hereby certify that I attended the deceased from Oct 12th 1943 to Oct 19th 1943
that I last saw him alive on Oct 18th 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ileo Colitis	3 wks
Due to Cachexia + Marasmus	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1 19a 1	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury —

23. Signature John D Van Cleve (M. D. or other)
Address Malden Mo Date signed 10/14/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No. 2
District File Number 1143-14
Date Filed 11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.